Monterey County Behavioral Health Quality Improvement CalAIM Implementation Memo: 004

Re:	Documentation Reform: CalAIM Problem List and Treatment Planning
Form Reference	Behavioral Health Information Notice No.: 23-068: Documentation requirements for all Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) services
Initial Release Date	8/17/2022
Effective	8/29/2022
Revisions	8/22/2022 1/19/2023 2/5/2024

Topic

In the spirit of California Advancing and Innovating Medi-Cal (CalAIM), Monterey County Behavioral Health (MCBH) is moving forward with implementing the new documentation requirements for Problem List for Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Deliver System (DMS-ODS). These new documentation requirements impact a limited amount of Behavioral Health and Partner Provider programs and were established by the Department of Health Care Services (DHCS).

Problem List	Treatment Plan
• Helps facilitate continuity of care by providing a comprehensive and accessible list of problems to quickly identify the person's care needs, including current diagnoses and key health and social issues • All beneficiaries shall have a problem list • Updated on an ongoing basis • All providers can contribute to the problem list • Consent signatures are not required • Claimed as Plan Development	• Co-created by the beneficiary and treatment providers and/or social supports and used to empower the beneficiary/family to achieve their recovery and resiliency goals • Only certain service types and/or Programs will still require a treatment plan • Completed at onset and annually thereafter or when there is a significant change • All staff may elicit treatment plan goals from beneficiary, only case coordinator may finalize treatment plan • Treatment Plan Consent is no longer required for most programs • Treatment Plan Consent is required for FSP programs • Claimed as Plan Development

Procedure

1. **Effective 8/29/2022**.

2. The Problem List is **required for all beneficiaries** for both SMHS and DMC-ODS and some service types and/or programs will continue to complete treatment plans, as described in this memo.
    a. All beneficiaries, current and new, shall have a problem list.
3. Staff may use the 161 Problem List History by Client report starting 8/29/2022.
    a. A drop-down option will allow the staff to select either staff or beneficiary version (Note: the beneficiary version will read “My Care List Summary” and will only display problems listed as active).
4. The Avatar User Guide has been updated to include instructions on how to create a Problem List in Avatar.

Problem List Requirements

1. **All beneficiaries shall have a problem list**.
2. Provider(s) responsible for the beneficiary’s care, including psychiatrists, clinicians, paraprofessionals, peer specialists, primary care providers, and counselors, shall create and maintain a problem list.
3. The problem list is a list of symptoms, conditions, diagnoses, and/or risk factors identified through assessment, psychiatric diagnostic evaluation, crisis encounters, or other types of service encounters. This may include:
    a. Mental health diagnosis
    b. Substance use diagnosis
    c. Social determinants of health (Z55-Z65)
    d. Other Z codes
    e. Physical health conditions
4. A problem identified during a service encounter (e.g., crisis intervention) may be addressed by the service provider (within their scope of practice) during that service encounter, and subsequently added to the problem list.
5. The problem list shall be updated on an ongoing basis to reflect the current presentation of the beneficiary.
6. The problem list shall include, but is not limited to, the following:
    a. Diagnoses identified by a provider acting within their scope of practice.
    b. Problems identified by a provider acting within their scope of practice.
    c. Problems or illnesses identified by the beneficiary and/or significant support person.
    d. The name and title of the provider that identified, added, or removed the problem, and the date the problem was identified, added, or removed.
7. Providers shall add to or remove problems from the problem list when there is a relevant change to a beneficiary’s condition.
8. There is no specific timeframe and/or frequency requirement for the problem list. However, providers shall update the problem list within a reasonable time and in accordance with generally accepted standards of practice.

Targeted Case Management & Intensive Care Coordination Requirements

1. For SMHS, **all targeted case management** (TCM), which is the same as case management, and Intensive Care Coordination (ICC) **require specific documentation.**
2. For TCM and ICC, the documentation shall be included in the assessment (Domain 7 and selected under Type of Service) OR imbedded in the narrative of every TCM and ICC progress note.
3. The following elements are required whether imbedded in the progress note or assessment:
    a. Specifies the goals and actions to address the medical, social, educational, and other services needed

b. Includes activities such as ensuring the active participation of the eligible individual and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals
c. Identifies a course of action to respond to the assessed needs
d. A transition plan when a person has achieved the goals

4. As an added measure in supporting staff with meeting these TCM and ICC documentation requirements, if imbedded in the progress note, a right click template has been included on the Clinical Progress Note MC form in Avatar.
5. For DMC-ODS, care coordination (formally known as case management) is not considered TCM and therefore, a treatment plan/care plan is NOT required.

Peer Support Services Requirements

1. Peer support services must be based on an approved care plan. The care plan must reflect the needs and preferences of the beneficiary in achieving the specific, individualized goals that have measurable results and are specified in the care plan. The care plan may be documented in the current Avatar Treatment Plan forms.

Additional Treatment Plan Requirements

1. For DMC-ODS, only LOC's 3.1, 3.5, NTP levels of care continue to require a Treatment Plan and the existing standards still apply (see Monterey County Behavioral Health Drug Medi-Cal Organized Delivery System Documentation Manual).
2. For SMHS, in addition to having a problem list, **some service types and/or programs will still require a treatment plan**.
3. A treatment plan **shall be completed** for the following service types and/or Programs:
    a. Children's Crisis Residential Programs
    b. Community Treatment Facilities (known as Needs and Service Plan)
    c. Enhanced Care Management
    d. Mental Health Rehabilitation Centers (known as individual service plan)
    e. All Full-Service Partnership (FSP)/Individual Services and Support Plan (ISSP) (See Attachment 1)
    f. Peer Support Services
    g. Short-Term Residential Therapeutic Programs
    h. Social Rehabilitation Programs (known as treatment/rehabilitation plan): Short-Term Crisis Residential Treatment; Transitional Residential Treatment; and Long-Term Residential Treatment
    i. Therapeutic Behavioral Services
    j. Narcotic Treatment Program
    k. Substance Abuse Block Grant (SABG) Programs: SUD LOCs 3.1 and 3.5
4. Treatment plan requirements are as follows:
    a. Life Goals and Aspirations (Note: will not be scored in a utilization review)
        i. Future desires
    b. Challenge or Barrier (Problem) (Note: will not be scored in a utilization review)
        i. Barriers to achieving the goal and connected to the condition(s) identified in the assessment
    c. Hope (Goal) (Note: will not be scored in a utilization review)
        i. Hope stated in beneficiaries' own words
    d. Action Steps (Objectives)
        i. Action steps/objectives, if achieved, would help beneficiary reach their goal and are related to the mental health needs and functional impairments.
        ii. Action steps/objectives are specific, observable, and/or quantifiable.

e. Supports (Interventions)
    i. Supports are specific and includes proposed interventions, frequency, and duration.
    ii. Supports are developed around one or more barrier (symptom or functional impairment).
f. Goal Management
    i. The Plan is developed at onset and is updated a least annually and/or when there are significant changes and clinically appropriate.
g. Beneficiary Participation
    i. Evidence beneficiary and/or or caregiver participated actively in process.
        1) Participation must be documented in the Plan Development progress note.
    ii. A treatment plan consent is no longer required for most programs.
    iii. Beginning 9/6/23, a treatment plan consent is required for FSP programs.

Attachment 1

Children Programs

- Aspiranet
- CS Early Childhood FSP
- CS Family Preservation
- CS Family Reunification FSP
- CS Fast Dependency Unit FSP
- CS Home Partners
- CS JJ CALA MH Court FSP
- CS JJ JSORT FSP
- CS JJ Placement
- CS MHSA TIP Avanza FSP
- DTH Co-Occurring Disorder FSP
- DTH Santa Lucia
- Haven of Hope
- JDT Consultants
- Kinship Adoption FSP Seneca
- Kinship Center Seneca FSP King City
- Kinship Seneca First Five Trauma FSP
- Seneca MH Enhances Foster Care
- Seneca Wraparound
- Koinonia Homes for Teens
- Peacock Acres
- Starshine Treatment Center
- Elite Family Systems (newly added)
- Sierra Vista (newly added)
- Vista Del Mar (newly added)
- Peer Support Services (newly added)

Adult Programs

- AS Creating New Choices FSP
- AS King City Outpatient FSP
- AS Monterey Outpatient FSP
- AS Older Adult FSP
- AS Salinas Outpatient FSP
- AS Soledad Outpatient FSP
- Drake House MHSA MHS FSP
- Interim Assertive Comm Treat FSP
- Interim MHSA Homeless FSP
- Interim MHSA Lupine Garden FSP
- Interim Sandy Shores FSP
- Interim Sunflower FSP
- Interim Manzanita Salinas
- Interim Manzanita Monterey
- Interim Bridge House
- Peer Support Services (newly added)

DMC-ODS

- Residential 3.1 and 3.5 (newly added)
- Narcotic Treatment Program (newly added)